[ ] No

Number

Country

## COMBINED DECLARATION AND POWER OF ATTORNEY (FOR PATENT APPLICATION)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

"APPARAT		OR USING A VASCULAR INT LTRASONIC PROBE"	FRODUCER WITH AN
(check one)	[X] is attached heret [ ] was filed on Application Serial No.: And was amended on	as	
		d understand the contents of the alamendment referred to above.	bove-identified specification,
		at the invention was ever patented or our invention thereof or more	
	and do not believe that than one year prior to this	he invention was in public use or on application.	n sale in the United States of
	the duty to disclose information Title 37 CFR § 1.56(a).	mation, which is material to the pater	ntability of this application in
inventor's certi	ficate listed below and l	under 35 U.S.C. § 119 of any foreign have also identified below any foreign before that of the application on which	ign application for patent or
Prior Foreign A	pplication(s)	Date Filed	Priority Claimed
Number	Country		[ ] [ ] Yes No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

**Application Number** 

Filing Date

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

**Application Number** 

Filing Date

Status - patented, pending, abandoned

1.

## **POWER OF ATTORNEY**

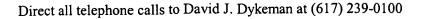
I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Rabiner 2/20/02 **Notary Public** 

Commonwealth of Massachusetts My Commission Expires June 21, 2007